



## **NYCERS 9/11 PENSION INQUIRY FORM**

The FealGood foundation is looking into allegations of delays and denials of legitimate disability pensions by the NYC Employee Retirement System (NYCERS). In order to validate these allegations, we are asking for those effected to provide us with detailed information by completing these forms and by signing the attached privacy releases so we can investigate the issue and ensure that 9/11 responders are getting the help and benefits they need and deserve.

Please help us gather the information that we need by completing these forms and returning them as soon as possible to the address provided. Please call us if you have any questions!!!

### **I. RESPONDER INFORMATION**

1. Last Name: \_\_\_\_\_
2. First Name: \_\_\_\_\_
3. Middle Initial: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Last 4 Digits of SSN: \_\_\_\_\_
6. Home Phone: \_\_\_\_\_
7. Cell Phone: \_\_\_\_\_
8. Street Address: \_\_\_\_\_
9. City: \_\_\_\_\_
10. State: \_\_\_\_\_
11. Zip Code: \_\_\_\_\_
12. Member or Pension Number: \_\_\_\_\_
13. Agency employed with from 9/11/2001-9/11/2002: \_\_\_\_\_
14. Agency currently employed with or at same of retirement: \_\_\_\_\_
15. Position/Rank from 9/11/2001 – 9/11/2002: \_\_\_\_\_
16. Position/Rank currently (or at time of retirement): \_\_\_\_\_



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### **II. 9/11 RELATED ILLNESS/INJURY INFORMATION**

1. Do you suffer from a disabling illness or injury caused by your service/work/exposure to the dust and debris from the 9/11 disaster sites?
  - a. Identify the condition(s)
    - i. Cancer: \_\_\_\_\_
    - ii. Non-Cancer: \_\_\_\_\_
  
2. Has a physician, OTHER than NYCERS designated physician, advised you that you are disabled from an illness or injury caused by your service/work/exposure to the dust and debris from the 9/11 disaster sites?
  - a. Identify the condition(s):
    - i. Cancer: \_\_\_\_\_
    - ii. Non-Cancer: \_\_\_\_\_
  
3. Has an agency and/or administrative body OTHER than NYCERS advised you that you are disabled from an illness or injury caused by your service/work/exposure to the dust and debris from the 9/11 disaster sites?
  - a. Identify the agency (ex SSD, NYS W/C, VCF, Your actual agency, etc.):
    - i. Agency: \_\_\_\_\_
  - b. Identify the condition:
    - i. Cancer: \_\_\_\_\_
    - ii. Non-Cancer: \_\_\_\_\_



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### **III. NYCERS PENSION APPLICATION INFORMATION**

1. Have you applied for a 9/11 related disability pension with NYCERS?<sup>1</sup>

YES            NO

a. If yes, date of original application:

2. Has your application for 9/11 related disability pension with NYCERS been denied?

YES            NO

a. If yes, date of denial: \_\_\_\_\_

b. Reason for denial: \_\_\_\_\_

3. Have you appealed the denial of your 9/11 related disability pensions with NYCERS?

YES            NO

a. If yes, status of appeal: \_\_\_\_\_

4. Have you been determined to be disabled from your 9/11 related illness by a physician or agency OTHER than NYCERS, but advised by NYCERS that they do not deem you to be disabled?

YES            NO

a. If yes, identify agency that found you disabled: \_\_\_\_\_

b. If yes, identify NYCERS designated physician that found you were NOT disabled:  
\_\_\_\_\_

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<sup>1</sup> World Trade Center (WTC) Disability Law The World Trade Center (WTC) Disability Law provides a presumption of accidental disability for NYCERS members who participated in WTC Rescue, Recovery or Clean-Up Operations and become disabled from a Qualifying Condition or Impairment of Health. Benefits are paid according to the provisions that cover accidental disability for your tier and title. For complete details and eligibility requirements, please read our WTC Disability Law Fact Sheet #703, available on our website at [www.nycers.org](http://www.nycers.org). (NYCERS Website application for disability retirement <https://www.nycers.org/sites/main/files/file-attachments/604.pdf>)



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5. Have you been determined to be disabled from your 9/11 related illness by a NYCERS designated physician and then NYCERS has sent you to another designated physician for the same examination?

YES            NO

- a. If yes, identify initial physician and date of examination:

i. Physician: \_\_\_\_\_

ii. Date of Exam: \_\_\_\_\_

- b. If yes, identify subsequent physician(s) and date(s) of examination:

i. Physician: \_\_\_\_\_

ii. Date of Exam: \_\_\_\_\_

6. How long did it take NYCERS to act upon your initial application for 9/11 related disability?

i. Approximate (months): \_\_\_\_\_

7. How long has your NYCERS application for 9/11 related disability been pending?

i. Approximate (months): \_\_\_\_\_

8. Have you used sick time or vacation time for your 9/11 related illness because NYCERS has not considered your condition to be a line of duty illness?

YES            NO

- a. If yes, how many hours/days? \_\_\_\_\_

9. Have you gone to “no pay” status because NYCERS has not considered your condition to be a line of duty illness?

YES            NO

- a. If yes, how many hours/days \_\_\_\_\_



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### **RELEASE OF INFORMATION**

**By completing this inquiry form I consent to the FealGood Foundation using my information and data in communications with NYCERS, elected officials and other agencies in their efforts to address 9/11 related pension applications and decisions filed with NYCERS:**

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### **PLEASE EXECUTE ATTACHED HIPAA FORM**

### **PLEASE MAIL COMPLETED FORMS & HIPAA AUTHORIZATION TO:**

FealGood Foundation  
144 Shenandoah Blvd  
Nesconset, NY  
11767  
Attention: NYCERS INQUIRY

### **QUESTIONS?**

FealGood Foundation  
**Phone:** (631) 724-3320  
**Email:** feal13@aol.com